

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4	1	2				
5	1					
6		1				
7		1				
8		1				
9		1				
10	1	1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	76	1		1		1
TOTAL DEP.	161					
TOTAL CLAIMS	23					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
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58						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		1		1		1
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

**BEST AVAILABLE COPY**